

Please type a plus (+) sign in this box → +

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

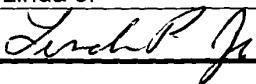
UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. M61.12-0527
		First Inventor or Application Identifier Mu Li et al.
		Title UNSUPERVISED TRAINING FOR OVERLAPPING AMBIGUITY RESOLUTION IN WORD SEGMENTATION
		Express Mail Label No. EV 178022616 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To:
		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

1.	<input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing)		7.	<input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)		
2.	<input type="checkbox"/> Applicant Claims small entity status		8.	Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)		
3.	<input checked="" type="checkbox"/> Specification [Total Sheets 35]		a.	<input type="checkbox"/> Computer Readable Copy		
	(preferred arrangement set forth below - Descriptive title of the Invention)		b.	Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper		
	- Cross References to Related Applications		c.	<input type="checkbox"/> Statement verifying identity of above copies		
	- Statement Regarding Fed sponsored R & D					
	- Reference to Microfiche Appendix					
	- Background of the Invention					
	- Brief Summary of the Invention					
	- Brief Description of the Drawings (if filed)					
	- Detailed Description					
	- Claim(s)					
	- Abstract of the Disclosure					
4.	<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 8]		9.	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5.	<input type="checkbox"/> Oath or Declaration [Total Sheets 1]		10.	<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)		
a.	<input checked="" type="checkbox"/> Newly executed (original or copy)		11.	<input type="checkbox"/> English Translation Document (if applicable)		
b.	<input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)		12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations		
i.	<input checked="" type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).		13.	<input checked="" type="checkbox"/> Preliminary Amendment		
6.	<input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
18.	If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group/Art Unit: _____					
	FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					

17. CORRESPONDENCE

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below
Name	Linda Ji WESTMAN CHAMPLIN & KELLY			
Address	Suite 1600 – International Centre 900 South Second Avenue			
City	Minneapolis	State	MN	Zip Code
Country	USA	Telephone	(612) 334-3222	Fax (612) 334-3312

Name (Print/type)	Linda Ji	Registration No. (Attorney/Agent)	49,027
Signature			Date 9/15/03

22154 U S P T O
10/662502
D9/15/03

17264 U.S. PTO
09/15/03

FEE TRANSMITTAL

Complete if Known					
Application No.		HEREWITH			
Filing Date					
First Named Inventor		Mu Li et al.			
Title		UNSUPERVISED TRAINING FOR OVERLAPPING AMBIGUITY RESOLUTION IN WORD SEGMENTATION			
Group Art Unit					
Examiner Name					
Atty. Docket Number		M61.12-0527			
Total Amount of Payment \$ 988					
METHOD OF PAYMENT (Check One)					
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A. 2. <input checked="" type="checkbox"/> Check Enclosed					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity			
Fee	Fee	Fee	Fee		
<u>Code</u>	<u>(\\$)</u>	<u>Code</u>	<u>(\\$)</u>	Fee Description	
1001	750	2001	375	<input checked="" type="checkbox"/> Utility Filing Fee	
1002	330	2002	165	<input type="checkbox"/> Design Filing Fee	
1004	750	2004	375	<input type="checkbox"/> Reissue Filing Fee	
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee	
Subtotal (1) \$ 750					
2. EXTRA CLAIM FEES					
Number Claims	Prior**	Extra	Fee from Below	Fee Paid	
Total	31	20	11	18	198
Indep.	3	3	0	84	0
Multiple Dependent Claims					
** Insert 3 and 20, or number previously paid if greater; Reissue see below					
Large Entity		Small Entity			
Fee	Fee	Fee	Fee	Description	
<u>Code</u>	<u>(\\$)</u>	<u>Code</u>	<u>(\\$)</u>		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent Claims	
1204	84	2204	42	Reissue Independent Claims over Original Patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	
Subtotal (2) \$ 198					
Subtotal (3) \$40					
Other Fee (specify) _____					

Signature Linda P. Ji
(Linda P. Ji)

Date 9/15/03

Reg. No. 49,027

Deposit Account No. 23-1123